

**Performance
Measure #66c**

**Emergency Medical Services for Children (EMSC) Program
Implementation Manual for EMSC State Partnership
Performance Measures**

Performance Measure #66c

The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.

Significance of Measure

A standardized categorization and/or designation process is necessary to assist hospitals in determining their capacity and readiness to effectively deliver pediatric emergency and specialty care. This measure will help ensure that mechanisms are in place so that pediatric patients receive emergency and trauma care only from those hospitals that have been appropriately categorized and/or designated as qualified to provide such care.

Definition(s)

Standardized System

A system that recognizes the readiness and capability of a hospital and its staff to triage and provide care appropriately, based upon the severity of illness/injury of the child.¹⁴ The system designates hospitals as providers of a certain level of emergency care within a specified geographic area (e.g., region). A facility recognition process usually involves a formal assessment of a hospital's capacity to provide pediatric emergency and/or trauma care via site visits and/or a formal application process by a state or local government body, such as the State EMSC Program, State EMS Office, and/or local hospital/health care provider association.¹⁵

This measure addresses the development of both a pediatric *medical* and *trauma* recognition system. Examples of guidelines/standardized systems for pediatric medical and trauma recognition/designation are described below.

Pediatric Medical Emergency Facility Recognition

Examples of pediatric medical emergency recognition systems/classifications include:

- **Emergency department approved for pediatrics (EDAP) designation:** Classification of a hospital emergency department where staff are specially trained to care for children, using appropriate pediatric equipment and following guidelines for age-appropriate medications.
- **Stand-by emergency department approved for pediatrics (SDAP) designation:** Classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for pediatric emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times to handle/manage pediatric emergencies. Examples of EDAP/SDAP criteria can be found at: http://www.luhs.org/depts/emsc/edap_sedp_criteria.htm.

¹⁴ Committee on Pediatric Emergency Pediatric Medicine Pediatric Section and Task Force on Regionalization of Pediatric Critical Care. (2000). Consensus report for Regionalization of Services for Critically Ill or Injured Children. *Pediatrics*, 105(1): 152-155.

¹⁵ Ibid

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- **Pediatric Critical Care Centers (PCCC):** Classification of a facility that has pediatric intensive care units and can provide specialty inpatient services for pediatric patients. The American Academy of Pediatrics (AAP) developed guidelines for levels of care for pediatric intensive care units, which are available at:
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;114/4/1114?fulltext=Critical+Care&searchid=QID_NOT_SET.
- **Care of Children in the Emergency Department: Guidelines for Preparedness:** Guidelines developed by AAP/ACEP for pediatric medical emergency facility recognition, which are available at:
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3B107/4/777>.

Pediatric Trauma Facility Recognition

- As an example of trauma facility recognition guidelines, the American College of Surgeons developed trauma designation criteria that can be used to recognize pediatric trauma centers in your State/Territory. The latest guidelines are available for purchase on-line at:
https://web2.facs.org/timssnet464/acspub/frontpage.cfm?product_class=trauma.

Hospitals

Facilities that provide medical and/or surgical care and treatment for the ill and injured, including critical care units and trauma centers.

Pediatric

Persons up to 18 years old.

Emergencies

A serious situation or occurrence that happens unexpectedly and demands immediate action, including injury or illness.

Requirement

By 2011, the State/Territory will have a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.

Calculation

Calculation of this measure involves completing the attached Data Collection Forms (#1-#3). Indicate whether your State/Territory has a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma. If your State/Territory does *not* have either a pediatric medical or trauma facility recognition system, please indicate on the forms the progress your State/Territory has made towards establishing these systems. You may need to collaborate with the State/Territory EMS Office to complete the forms.

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Data Collection and Analysis

The following are potential data sources for collecting supporting documentation for the measure. Supporting documentation will be necessary to demonstrate either: 1) the existence of a statewide, territorial, or regional pediatric medical emergency or trauma facility recognition program in your State/Territory or 2) progress towards establishing a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.

Examples of data sources for collecting supporting documentation for those States/Territories *with* pediatric medical emergency and/or trauma recognition programs are provided first, followed by examples of supporting documentation for States/Territories *without* pediatric medical emergency and/or trauma facility recognition programs.

Potential Data Sources for Collecting Supporting Documentation for Those States with a Pediatric Medical Emergency and/or Trauma Facility Recognition Program

- 1. State Rules, Regulations, Codes, or Policies:** Your State/Territory's Rules, Regulations, Codes, or Policies may include regulations related to the establishment of a pediatric *medical* emergency and/or *trauma* facility recognition program.
 - Review State/Territory Rules, Regulations, Codes or Policies on an annual basis for regulations related to the establishment of a statewide, territorial, or regional pediatric medical emergency and/or trauma facility recognition program in your State/Territory.
 - *Supporting documentation* for the measure may include a copy of the Rules, Regulations, Codes, or Policies stating the requirements related to the establishment of a statewide, territorial, or regional pediatric medical emergency and/or trauma facility recognition program in your State/Territory.
- 2. Agency Responsible for Coordinating/Implementing the Pediatric Medical Emergency Facility Recognition Program (e.g., EMSC Program, EMS Office/Department of Health, Local Hospital/Health Care Provider Association):** The agency responsible for coordinating and/or implementing the pediatric medical emergency facility recognition program (e.g., EDAP, SDAP) should have information related to program implementation, including listings of participating facilities, facility recognition application packet, etc.
 - If you are directly coordinating and/or implementing the pediatric medical emergency facility recognition program, gather supporting documentation that demonstrates the existence of such a program in your State/Territory.
 - If you are *not* directly coordinating and/or implementing the pediatric medical emergency facility recognition program, contact the agency or person responsible for coordinating and/or implementing the program to obtain supporting documentation that demonstrates the existence of such a program in your State/Territory.
 - *Supporting documentation* for the measure *must* include *all* of the following: 1) facility recognition application packet; 2) criteria that facilities must meet in order to receive recognition as a facility able to stabilize and/or manage pediatric medical emergencies;

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and 3) list of hospitals participating in the pediatric medical emergency facility recognition program and their corresponding designation/recognition level.

3. **Agency Responsible for Coordinating/Implementing the Pediatric *Trauma* Facility Recognition Program (e.g., EMSC Program, EMS Office/Department of Health, Local Hospital/Health Care Provider Association):** The agency responsible for coordinating and/or implementing the trauma designation or recognition program should have information related to program implementation, including listings of participating facilities, facility recognition application packet, etc.
- If you are directly coordinating and/or implementing the pediatric trauma facility recognition program, gather supporting documentation that demonstrates the existence of such a program in your State/Territory.
 - If you are *not* directly coordinating and/or implementing the pediatric trauma facility recognition program, contact the agency or person (e.g., Department of Health, Trauma Administrator) responsible for coordinating and/or implementing the program to obtain supporting documentation that demonstrates the existence of such a program in your State/Territory.
 - *Supporting documentation* for the measure *must* include *all* of the following: 1) pediatric trauma designation application packet; 2) criteria that facilities must meet in order to receive recognition as a facility able to handle pediatric trauma; and (3) list of hospitals participating in the pediatric trauma designation program.

Potential Supporting Documentation for Those State Without OR Working on Development of a Pediatric Medical Emergency and/or Trauma Facility Recognition Program

As stated above, supporting documentation is also required to demonstrate progress made towards establishing a pediatric medical emergency and/or trauma facility recognition program in your State/Territory. Refer to the attached Data Collection Forms for scales that will be used to indicate the progress your State/Territory has made in establishing pediatric medical emergency and trauma facility recognition programs. The type of supporting documentation you will submit to HRSA depends on where your State/Territory falls on the scales. **Exhibit 2** below provides examples of supporting documentation that your State/Territory may submit to HRSA by each point on the scale.

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**Exhibit 2:
Examples of Supporting Documentation by Point on Scale**

Point on Scale	Example of Supporting Documentation
0 = No progress has been made towards developing a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and/or trauma	No supporting documentation is necessary
1 = Research has been conducted on the effectiveness of a pediatric medical and/or trauma facility recognition program (i.e., improved pediatric outcomes)	Reports or presentations that include research findings
2 = Developing a pediatric medical and/or trauma facility recognition program has been a topic on the EMSC Advisory Committee's agenda	Copy of the EMCS Advisory Committee agenda and meeting minutes
3 = A committee/task force charged with the development of a pediatric medical and/or trauma facility recognition program has been created	Copy of meeting minutes from committee/task force meetings
4 = Criteria that facilities must meet in order to receive recognition as a pediatric medical and/or trauma facility have been developed	Copy of criteria that facilities must meet in order to receive recognition as a pediatric medical and/or trauma facility
5 = An implementation process/plan for the pediatric medical and/or trauma facility recognition program has been developed	Copy of implementation process or plan
6 = The implementation process/plan for the pediatric medical and/or trauma facility recognition program has been piloted	Any piloting materials, such as: 1) instructions for facilities participating in the pilot process; 2) marketing materials developed to motivate facilities to participate in the pilot; 3) list of facilities participating in the pilot; 4) results of pilot process
7 = At least one facility has been formally recognized through the pediatric medical and/or trauma facility recognition program	Facility recognition application packet; formal evaluation/assessment results; the name of the facility formally participating in the program(s) and corresponding designation level

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Case Study:

Illinois' Pediatric Medical Emergency and Trauma Facility Recognition Program

Illinois developed a pediatric medical and trauma facility recognition program in response to a needs assessment conducted in 1995. Development of the process progressed along a continuum of defined steps and achievements, with invaluable lessons learned along the way.

Illinois adopted a three-tiered pediatric medical emergency and a two-tiered trauma recognition program. The Illinois EMS Rules define the following pediatric specialty centers:

- Pediatric Trauma Centers (Level I and II)
- Standby Emergency Departments Approved for Pediatrics (SEDP)
- Emergency Departments Approved for Pediatrics (EDAP)
- Pediatric Critical Care Center (PCCC) (rules- pending as of March 2005)

Development of the Facility Recognition Program

The Illinois EMSC Program undertook several steps to develop a state-wide facility recognition process. It took approximately 10 years for the recognition process/system to be rolled-out state-wide. First, the Program worked to establish a Facility Recognition Task Force/Committee with clinical, hospital association, and urban/rural representation. Once formed, this Committee was tasked with developing criteria that facilities must meet in order to receive recognition. Next, the Committee developed an implementation process that involved tiered recognition (SEDP, EDAP, and PCCC). Because a mandatory process would not be supported by hospitals, the process was first piloted and then implemented voluntarily, region by region, with grassroots involvement at every point. To obtain buy-in, the EMSC Program offered certificates, ceremonies, local press, and news releases when a hospital became a part of the pediatric facility recognition program. Buy-in from the State/Territory-level EMS Chief was also critical to the program's success.

Collection of Data on the Facility Recognition Program

The EMSC Office maintains a database that contains information on hospitals that are recognized as:

- | | |
|---|-----------------------------|
| ▪ Hospitals that have a dedicated PICU | ▪ Perinatal level |
| ▪ Standby Emergency Department for Pediatrics (SEDP) | ▪ Critical Access Hospitals |
| ▪ Hospitals with a burn unit | ▪ Pediatric trauma centers |
| ▪ Emergency Department Approved for Pediatrics (EDAP) | ▪ EMS Resource Hospitals |
| ▪ Pediatric Critical Care Centers (PCCC) | ▪ Trauma centers |

The EMSC Office obtains a listing of trauma centers from the Trauma Administrator annually to update the database. Other information is obtained through the EMS Office, hospital associations, or by contacting hospitals directly. For example, the EMSC Office obtains an EMS Resource Hospital list from the EMS Office on a regular basis to ensure consistency with the database. Data are updated on an annual basis. The EMSC administrative assistant is responsible for maintaining the database and running reports.

Benefits of the Facility Recognition Program

The information/findings gathered from the facility recognition data are utilized in a variety of ways:

- Development of grant applications
- Development of annual EMSC Regional Reports
- Recognition of hospitals on EMSC and IDPH website
- Development of promotional materials (e.g., Illinois EMSC 10-Year Anniversary brochures)
- Development of Illinois EMSC 5-Year Strategic Plan

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Reporting

- Report whether your State/Territory has a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies and trauma on an annual basis to HRSA via the Electronic Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.
- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided under each data source listed above.

Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.
- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

Implementation Considerations

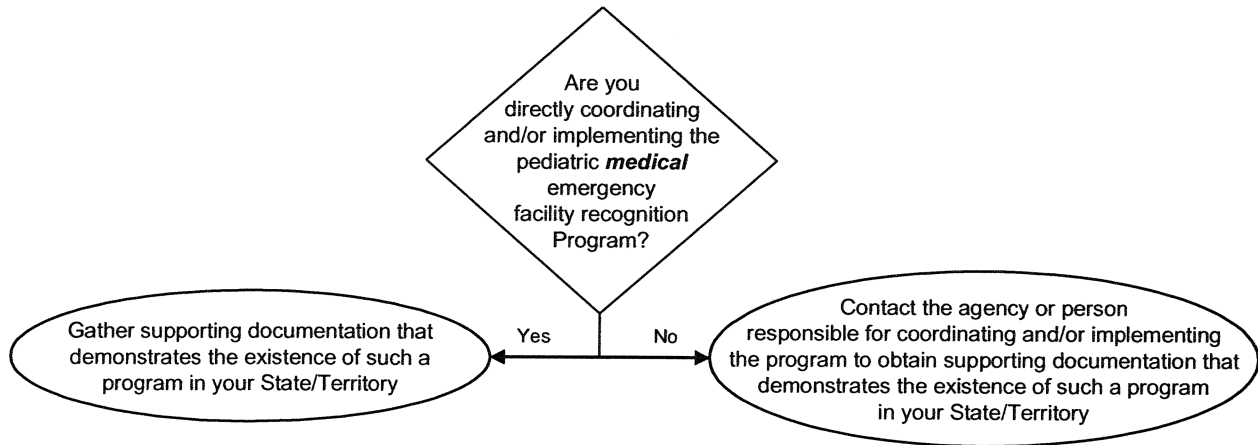
- Grantees may face cost/resource issues, regulatory and political barriers to implementing pediatric medical emergency and trauma recognition/designation systems. To overcome these challenges, grantees may consider the following strategies early in the implementation process: 1) work to obtain statutory authority and financial support/resources to implement a system for designating hospitals for pediatric emergency and trauma care; 2) form a committee with relevant stakeholders, including policy-makers, clinicians, and hospital administrators, to get their commitment and buy-in for the process; and 3) implement a *voluntary* recognition system (i.e., hospitals are not required to participate), which may help facilitate buy-in from hospitals and reduce regulatory issues associated with instituting state mandates.
- This is a long-term measure that may require instituting regulatory changes; changes that may take a significant amount of time to accomplish. To address this issue, States/Territories have until 2011 to meet the measure and can report their progress along the way by reporting a numeric value of where they are on the scale of the measure (see attached Data Collection Forms#1 and #2).

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Process Map for Performance Measure #66c

Data Source #1:

**Agency Responsible for Coordinating/Implementing the Pediatric *Medical* Emergency
Facility Recognition Program (e.g., EMSC Program, EMS Office/Department of Health,
Local Hospital/Health Care Provider Association)**



Note: This map assumes a pediatric *medical* emergency facility recognition program exists in your State/Territory.

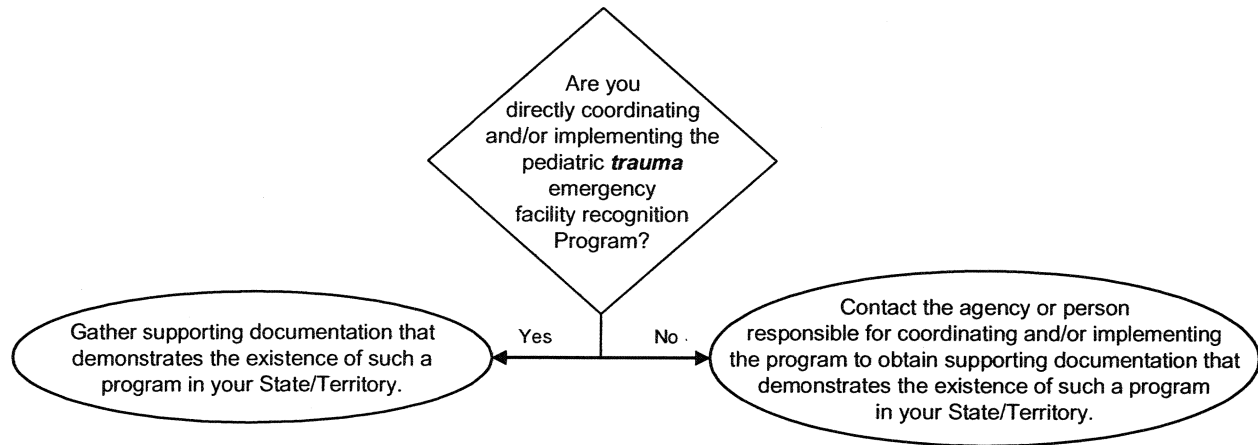
Supporting documentation for the measure *must* include *all* of the following:

1. facility recognition application packet;
2. criteria that facilities must meet in order to receive recognition as a facility able to stabilize and/or manage pediatric medical emergencies; and
3. list of hospitals participating in the pediatric medical emergency facility recognition program and their corresponding designation/recognition level.

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Process Map for Performance Measure #66c

**Data Source #2:
Agency Responsible for Coordinating/Implementing the Pediatric *Trauma* Facility
Recognition Program (e.g., EMSC Program, EMS Office/Department of Health,
Local Hospital/Health Care Provider Association)**



Note: This map assumes a pediatric *trauma* emergency facility recognition program exists in your State/Territory.

Supporting documentation for the measure *must* include *all* of the following:

1. pediatric trauma designation application packet;
2. criteria that facilities must meet in order to receive recognition as a facility able to handle pediatric trauma; and
3. list of hospitals participating in the pediatric trauma designation program.

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Data Collection Form #1 for Performance Measure #66c

Pediatric *Medical* Emergency Recognition Program

1. Does a statewide, territorial, or regional system that recognizes facilities that are able to stabilize and/or manage pediatric medical emergencies exist?¹⁶ ☐ YES ☐ NO

Note: If “Yes”, attach supporting documentation for the measure to your EMSC continuation application.

2. If “No,” please indicate the point on the scale below that best indicates the progress your State/Territory has made towards establishing a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies:

0 = No progress has been made toward developing a statewide, territorial, or regional system that recognizes hospitals able to stabilize and/or manage pediatric medical emergencies.

1 = Research has been conducted on the effectiveness of a pediatric medical facility recognition program (i.e., improved pediatric outcomes).

2 = Developing a pediatric medical facility recognition program has been a topic on the EMSC Advisory Committee’s agenda.

3 = A committee/task force charged with the development of a pediatric medical facility recognition program has been created.

4 = Criteria that facilities must meet in order to receive recognition as a pediatric medical facility have been developed.

5 = An implementation process/plan for the pediatric medical facility recognition program has been developed.

6 = The implementation process/plan for the pediatric medical facility recognition program has been piloted.

7 = At least one facility has been formally recognized through the pediatric medical facility recognition program.

Score on Scale: _____ (e.g., 1)

Note: Attach documentation (See Exhibit 2) to support this score with your EMSC continuation application.

Comments: _____

¹⁶ Existence of a system is defined as *more than one* facility has been formally recognized through the pediatric medical facility recognition program.

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Data Collection Form #2 for Performance Measure #66c

Pediatric Trauma Facility Recognition Program

1. Does a statewide, territorial, or regional system that recognizes facilities that are able to stabilize and/or manage pediatric trauma exist?¹⁷ ☐ YES ☐ NO

Note: If "Yes", attach supporting documentation for the measure to your EMSC continuation application.

2. If "No," please indicate the point on the scale below that best indicates the progress your State/Territory has made towards establishing a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma:

0 = No progress has been made toward developing a statewide, territorial, or regional system that recognizes hospitals able to stabilize and/or manage pediatric trauma.

1 = Research has been conducted on the effectiveness of a pediatric trauma facility recognition program (i.e., improved pediatric outcomes).

2 = Developing a pediatric trauma facility recognition program has been a topic on the EMSC Advisory Committee's agenda.

3 = A committee/task force charged with the development of a pediatric trauma facility recognition program has been created.

4 = Criteria that pediatric trauma facilities must meet in order to receive recognition have been developed.

5 = An implementation process/plan for the pediatric trauma facility recognition program has been developed.

6 = The implementation process/plan for the pediatric trauma facility recognition program has been piloted.

7 = At least one facility has been formally recognized through the pediatric trauma facility recognition program.

Score on Scale: ____ (e.g., 3)

Note: Attach documentation (See Exhibit 2) to support this score with your EMSC continuation application.

Comments: _____

¹⁷ Existence of a system is defined as *more than one* facility has been formally recognized through the pediatric trauma facility recognition program.

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Data Collection Form #3 for Performance Measure #66c

Pediatric Medical Emergency and *Trauma* Facility Recognition Program

Based upon the scores provided in Data Collection Forms #1 and #2, does a statewide, territorial, or regional system that recognizes facilities that are able to stabilize and/or manage **pediatric medical emergencies *and* trauma** exist?

Final Score:

☐ YES ☐ NO